

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029551

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10891

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 108

STATE FILE NUMBER

FILED AUG 7 1963

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond		c. CITY OR TOWN Richmond	
Length of stay in 1b 20 years		Inside Limits Yes No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 562 E. Main Street		d. STREET ADDRESS (If outside, give location) 562 E. Main Street	
3. NAME OF DECEASED (Type or print) First Ray Middle Paugh Last Paugh		4. DATE OF DEATH Month July Day 24 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/3/1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance agent		11. BIRTHPLACE (City and state or country) Ray County, Missouri	
13a. FATHER'S NAME Henry Paugh		13b. MOTHER'S MAIDEN NAME Nancy Jane Butler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW I		17. INFORMANT Address Fern Paugh, Richmond, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-vascular Accident		INTERVAL BETWEEN ONSET AND DEATH 6 weeks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour 3:30 p.m. Month, Day, Year June 24, 1963		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from June 24, 1963 to July 24, 1963 and last saw her alive on July 24, 1963 Death occurred at home 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE T. C. Thomas MD.		22b. ADDRESS Richmond, Missouri	
22c. DATE SIGNED 7-27-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 7/26/1963		23c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery	
23d. LOCATION (City, town, or county) Richmond, Missouri		24. FUNERAL DIRECTOR ADDRESS Thomas J. Carter, Richmond, Mo.	
25. DATE RECD. BY LOCAL REG. 7-30-1963		26. REGISTRAR'S SIGNATURE Malcolm Jackson	

AUG 8 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.